

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

In re:)
Shirley Meriwether,) Case No. 17-48259-399
Debtor.) Chapter 7
)

MEMORANDUM TO COURT

Please be advised that the following changes have been made to amended schedules A/B, I & J, Disclosure of Compensation of Attorney for Debtor and Matrix.

1. Debtor's schedule A/B has been updated to include #33.
2. Debtor's income and expenses have been updated.
3. Disclosure of Compensation of Attorney for Debtors has been updated.
4. Debtor's Matrix has been updated to include:

BJC Healthcare
Attn: Patient accounts
P.O. Box 958410
Saint Louis, MO 63195-8410

Collector of Revenue
41 S. Central Avenue
Saint Louis, MO 63105

Dr. Stephen Broady
Attn: Patient accounts
3533 Dunn Rd # 242
Florissant, MO 63033

Ernst Radiology Clinic
Attn: Patient accounts
P.O. Box 1127
Maryland Heights, MO 63043-0127

Mercy East
Attn: Patient accounts
P.O. Box 505381
Saint Louis, MO 63150-5381

Mercy Hospital
Attn: Bankruptcy Dept.
P.O. Box 504856
Saint Louis, MO 63150-4856

Midwest Anesthesia Associates
Attn: Patient accounts
P.O. Box 740712
Cincinnati, OH 45274-0712

Midwest Radiological Christian
c/o Transworld Systems
500 Virginia Drive
Suite 514
Fort Washington, PA 19034

Pagosa P&C dba Pagosa Specialty Pharmacy
P.O. Box 120
Pagosa Springs, CO 81147

SSM Health
Attn: Patient accounts
P.O. Box 28205
Saint Louis, MO 63132

St. Louis Heart and Vascular
Attn: Patient accounts
P.O. Box 1025
Maryland Heights, MO 63043-0025

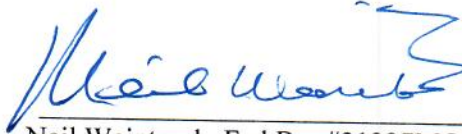
The W. Dental Group
13408 New Halls Ferry Road
Florissant, MO 63033-3035

Travelers Insurance Company
Attn: Bankruptcy Dept.
P.O. Box 660307
Dallas, TX 75266-0307

West County Radiology Group
c/o Ammericollect, Inc
P.O. Box 1566
1851 S. Alverno Road
Manitowoc, WI 54221

West County Radiology Group
Attn: Patient accounts
11475 Olde Cabin Rd #200
Saint Louis, MO 63141-7129

Western Anesthesiology Assoc.
Attn: Patient accounts
P.O. Box 480
High Ridge, MO 63049



Neil Weintraub, Fed Bar #31337MO
Attorney for Debtor
1515 North Warson Road, Ste. 232
St. Louis, MO 63132
(314)890-8800; FAX (314)890-9416
Email Address: weintraubl@sbcbglobal.net

CERTIFICATION OF SERVICE

I certify that a true and correct copy of the foregoing document was filed electronically on April 17 2019, with the United States Bankruptcy Court, and has been served on the parties in interest via e-mail by the Court's CM/ECF System as listed on the Court's Electronic Mail Notice List.

I certify that a true and correct copy of the foregoing document was filed electronically with the United States Bankruptcy Court, and has been served by Regular United States Mail Service, first class, postage fully pre-paid, addressed to the parties listed below on April 17 2019.

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Western Anesthesiology Assoc.
Attn: Patient accounts
P.O. Box 480
High Ridge, MO 63049

/s/ Susie Bazzell
Susie Bazzell



Fill in this information to identify your case and this filing: Pg 6 of 22

Debtor 1 **Shirley A. Meriwether**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number **17-48259-399**

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
- ☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☒ No
- ☐ Yes

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
- ☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$0.00**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- ☐ No
- ☒ Yes. Describe.....

furniture

\$600.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No
- ☒ Yes. Describe.....

2 tv's, computer and phone

\$370.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

☐ Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

clothing

\$600.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,570.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No

☐ Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. checking

US Bank

\$0.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

401k

Missouri State Employees' Retirement
System

\$2,794.31

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes. Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance company of each policy and list its value.
Company name:

Beneficiary: Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No
☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☐ No
☒ Yes. Describe each claim.....

Car accident injury which occurred post Chapter 13 filing
(Attorney for Debtor, Gerald Tanner 720 Olive St, St. Louis,
MO 63101)

Unknown

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,794.31

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?
- ☒ No. Go to Part 7.
- ☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?
Examples: Season tickets, country club membership
- ☒ No
- ☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$0.00	
57. Part 3: Total personal and household items, line 15	\$1,570.00	
58. Part 4: Total financial assets, line 36	\$2,794.31	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	\$4,364.31	Copy personal property total \$4,364.31
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$4,364.31

Fill in this information to identify your case:

Debtor 1	<u>Shirley A. Meriwether</u>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF MISSOURI</u>
Case number (If known)	<u>17-48259-399</u>

Check if this is:

- ☒ An amended filing
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
☒ Not employed

Debtor 2 or non-filing spouse

- ☐ Employed
☐ Not employed

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 0.00 \$ N/A

3. +\$ 0.00 +\$ N/A

4. \$ 0.00 \$ N/A

Debtor 1 **Shirley A. Meriwether**

Case number (if known) **17-48259-399**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here		
4.	\$ 0.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$ 0.00	\$ N/A
5b. Mandatory contributions for retirement plans	\$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	\$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	\$ 0.00	\$ N/A
5e. Insurance	\$ 0.00	\$ N/A
5f. Domestic support obligations	\$ 0.00	\$ N/A
5g. Union dues	\$ 0.00	\$ N/A
5h. Other deductions. Specify:	\$ 0.00	\$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	\$ 0.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$ 0.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$ 0.00	\$ N/A
8b. Interest and dividends	\$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$ 0.00	\$ N/A
8d. Unemployment compensation	\$ 1,385.60	\$ N/A
8e. Social Security	\$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Food Stamps	\$ 193.00	\$ N/A
8g. Pension or retirement income	\$ 0.00	\$ N/A
8h. Other monthly income. Specify:	\$ 0.00	\$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	\$ 1,578.60	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$ 1,578.60 + \$ N/A = \$ 1,578.60	
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify:		11. +\$ 0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies		12. \$ 1,578.60 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: The above figures are what the Debtor expects to receive for unemployment compensation.		

Fill in this information to identify your case:

Debtor 1 Shirley A. Meriwether

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MISSOURI

Case number 17-48259-399
(If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes
☐ No
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 850.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 12.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Shirley A. Meriwether**

Case number (if known) **17-48259-399**

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	170.00						
6b. Water, sewer, garbage collection	6b. \$	0.00						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	130.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	150.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	10.00						
10. Personal care products and services	10. \$	20.00						
11. Medical and dental expenses	11. \$	0.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	40.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00						
14. Charitable contributions and religious donations	14. \$	0.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	0.00						
15b. Health insurance	15b. \$	45.51						
15c. Vehicle insurance	15c. \$	65.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____								
	16. \$	0.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	0.00						
17b. Car payments for Vehicle 2	17b. \$	0.00						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).								
19. Other payments you make to support others who do not live with you. Specify: _____	18. \$	0.00						
	\$	0.00						
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: _____	21. +\$	0.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>1,492.51</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>1,492.51</td> </tr> </table> </div>		\$	1,492.51	\$		\$	1,492.51
\$			1,492.51					
\$								
\$	1,492.51							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	1,578.60						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	1,492.51						
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$	86.09						

24. Do you expect an increase or decrease in your expenses within the year after you file this form?
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: _____

Fill in this information to identify your case:

Debtor 1 **Shirley A. Meriwether**

First Name Middle Name Last Name

Debtor 2

(Spouse if, filing)

First Name Middle Name Last Name

United States Bankruptcy Court for the: **EASTERN DISTRICT OF MISSOURI**

Case number **17-48259-399**

(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Shirley A. Meriwether

Signature of Debtor 1

X

Signature of Debtor 2

Date **April 16, 2019**

Date _____

United States Bankruptcy Court
Eastern District of Missouri

In re Shirley A. Meriwether

Debtor(s)

Case No. 17-48259-399
Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S) - AMENDED

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>725.00</u>
Prior to the filing of this statement I have received	\$	<u>725.00</u>
Balance Due	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 16, 2019

Date


Neil Weintraub Fed. Bar #31337-MO/IL#6189568

Signature of Attorney

Law Office of Neil Weintraub
1515 North Warson Road, Ste. 232
St. Louis, MO 63132
314-890-8800 Fax: 314-890-9416
weintraublaw@sbcglobal.net

Name of law firm

**United States Bankruptcy Court
Eastern District of Missouri**

In re Shirley A. Meriwether

Debtor(s)

Case No. 17-48259-399
Chapter 7

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above named debtor(s) hereby certifies/certify under penalty of perjury that the attached list containing the names and addresses of my creditors (Matrix), consisting of 2 page(s) and is true, correct and complete.


Shirley A. Meriwether
Debtor

Dated: April 16, 2019

BJC Healthcare
Attn: Patient accounts
P.O. Box 958410
Saint Louis, MO 63195-8410

Collector of Revenue
41 S. Central Avenue
Saint Louis, MO 63105

Dr. Stephen Broady
Attn: Patient accounts
3533 Dunn Rd # 242
Florissant, MO 63033

Ernst Radiology Clinic
Attn: Patient accounts
P.O. Box 1127
Maryland Heights, MO 63043-0127

Mercy East
Attn: Patient accounts
P.O. Box 505381
Saint Louis, MO 63150-5381

Mercy Hospital
Attn: Bankruptcy Dept.
P.O. Box 504856
Saint Louis, MO 63150-4856

Midwest Anesthesia Associates
Attn: Patient accounts
P.O. Box 740712
Cincinnati, OH 45274-0712

Midwest Radiological Christian
c/o Transworld Systems
500 Virginia Drive
Suite 514
Fort Washington, PA 19034

Pagosa P&C dba Pagosa Specialty Pharmacy
P.O. Box 120
Pagosa Springs, CO 81147

SSM Health
Attn: Patient accounts
P.O. Box 28205
Saint Louis, MO 63132

St. Louis Heart and Vascular
Attn: Patient accounts
P.O. Box 1025
Maryland Heights, MO 63043-0025

The W. Dental Group
13408 New Halls Ferry Road
Florissant, MO 63033-3035

Travelers Insurance Company
Attn: Bankruptcy Dept.
P.O. Box 660307
Dallas, TX 75266-0307

West County Radiology Group
c/o Ammericollect, Inc
P.O. Box 1566
1851 S. Alverno Road
Manitowoc, WI 54221

West County Radiology Group
Attn: Patient accounts
11475 Olde Cabin Rd #200
Saint Louis, MO 63141-7129

Western Anesthesiology Assoc.
Attn: Patient accounts
P.O. Box 480
High Ridge, MO 63049

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

In re:)	
)	Case No. 17-48259-399
Shirley Meriwether,)	
)	Chapter 7
Debtor.)	

STATEMENT REGARDING POST-PETITION
PRE-CONVERSION DEBTS

I declare under penalty of perjury that the following debts are the additional debts I have incurred after the filing of my bankruptcy petition and before the conversion of my case.

BJC Healthcare
Attn: Patient accounts
P.O. Box 958410
Saint Louis, MO 63195-8410

Collector of Revenue
41 S. Central Avenue
Saint Louis, MO 63105

Dr. Stephen Broady
Attn: Patient accounts
3533 Dunn Rd # 242
Florissant, MO 63033

Ernst Radiology Clinic
Attn: Patient accounts
P.O. Box 1127
Maryland Heights, MO 63043-0127

Mercy East
Attn: Patient accounts
P.O. Box 505381
Saint Louis, MO 63150-5381

Mercy Hospital
Attn: Bankruptcy Dept.
P.O. Box 504856
Saint Louis, MO 63150-4856

Midwest Anesthesia Associates
Attn: Patient accounts
P.O. Box 740712
Cincinnati, OH 45274-0712

Midwest Radiological Christian
c/o Transworld Systems
500 Virginia Drive
Suite 514
Fort Washington, PA 19034

Pagosa P&C dba Pagosa Specialty Pharmacy
P.O. Box 120
Pagosa Springs, CO 81147

SSM Health
Attn: Patient accounts
P.O. Box 28205
Saint Louis, MO 63132

St. Louis Heart and Vascular
Attn: Patient accounts
P.O. Box 1025
Maryland Heights, MO 63043-0025

The W. Dental Group
13408 New Halls Ferry Road
Florissant, MO 63033-3035

Travelers Insurance Company
Attn: Bankruptcy Dept.
P.O. Box 660307
Dallas, TX 75266-0307

West County Radiology Group
c/o Ammericollect, Inc
P.O. Box 1566
1851 S. Alverno Road
Manitowoc, WI 54221

West County Radiology Group
Attn: Patient accounts
11475 Olde Cabin Rd #200
Saint Louis, MO 63141-7129

Western Anesthesiology Assoc.
Attn: Patient accounts
P.O. Box 480
High Ridge, MO 63049

Date: April 17 2019.


Shirley Meriwether, Debtor

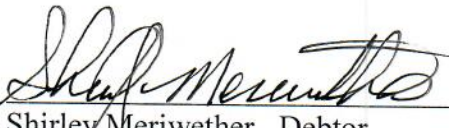
UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MISSOURI
EASTERN DIVISION

In re:)	
)	Case No. 17-48259-399
Shirley Meriwether,)	
)	Chapter 7
Debtor.)	

STATEMENT REGARDING PROPERTY ACQUIRED

I declare under penalty of perjury that I have not acquired any property after the filing of
my bankruptcy petition and before the conversion of my case

Date: April 16 2019.


Shirley Meriwether, Debtor